



Kansas Medical Assistance Program

Drug Utilization Review Bulletin

February 2005

Since November of 2003, five population based interventions have been mailed to physicians treating Kansas Medical Assistance Program recipients. These interventions have focused on the issues listed below in Table 1. These letters are informational in nature with the goal of providing physicians information about their patients drug utilization and potential opportunities for improvement. To date, a total of 5,837 letters have been mailed to physicians treating Kansas Medical Assistance Program recipients.

The results of both the Hyperlipidemia and Chronic Heart Failure interventions indicate improved patient compliance with taking medications. In addition, significant medical cost avoidance was identified as a result of the Chronic Heart failure intervention. Specifically, there was an overall increase in pharmacy expenditures, indicating increased compliance with medication regimens and a documented decrease in related medical expenditures for hospitalizations, emergency department visits, and outpatient physician visits. The estimated six-month drug expenditure increase for the Chronic Heart Failure intervention totaled \$17,109. The estimated six-month medical cost avoidance totaled \$1,259,285. Complete outcome reports for the Hyperlipidemia and Chronic Heart Failure interventions may be found on the Kansas DUR website.

Table 1

Intervention Focus	# Physicians	Month
Antibiotic Prescribing	966	November-03
CHF	1,364	December-03
Hyperlipidemia	1,636	February-04
Diabetes	1,422	June-04
Pediatric Antidepressant	449	July-04
Drug Regimen Simplification	TBD	February-05
TOTAL NON-UNIQUE PHYSICIAN CONTACTS	5,837	

The Drug Utilization Review (DUR) Board members review 200 individual patient profiles per quarter and when indicated, a letter is sent to the prescribing physician. The focus of these profile reviews are listed in table 2.

Table 2

DUR Focus	Month Reviewed
10+ Drugs	November 2003
Antipsychotic Prescribing	January 2004
Long Duration/Duplicate Therapy	March 2004
Antipsychotic Dose Optimization	May 2004
Long Duration/Duplicate Therapy	July 2004
Stroke	November 2004

Additional information regarding the Kansas Drug Utilization Review Board may be found at:

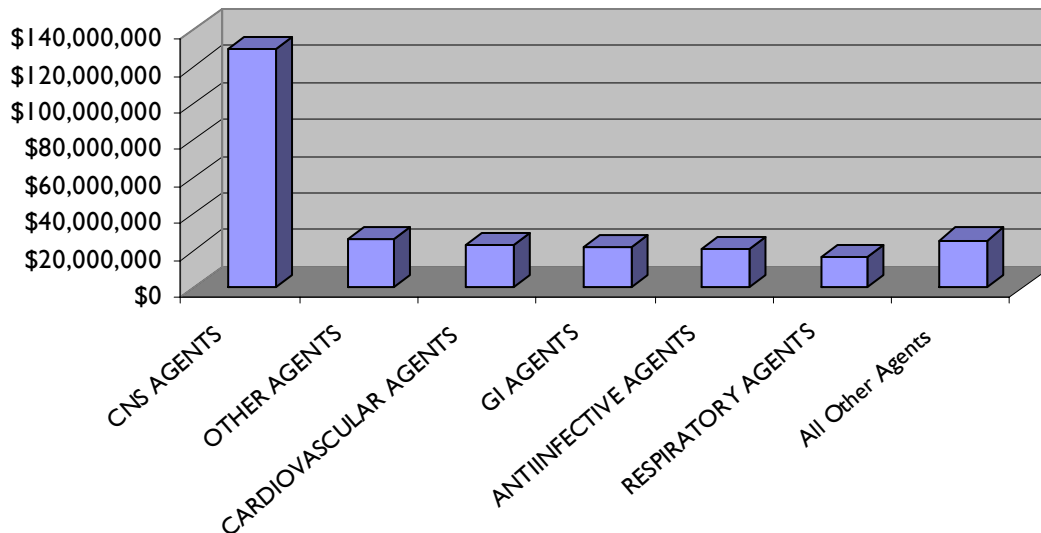
<http://www.srskansas.org/hcp/medicalpolicy/DUR/DURHome.htm>.

Fiscal Year 2004 Overview

A Fiscal Analysis of pharmacy expenditures for Fiscal Year 2003-2004 (July 1, 2004 to June 30, 2004) was completed for the Kansas Medical Assistance Program. A complete summary of the findings may be found on the Kansas DUR website.

Period Covered:	July 2003 - June 2004
Total Rx Claims:	4,580,713
Total Rx Dollars Paid:	\$265,258,972
Average Members Per Month:	270,777
Avg. Paid Per Member Per Month:	\$82

Dollars Paid by Therapeutic Class



Top Ten Drugs by Amount Paid

Drug Class/Drug	Paid	Claims	User Months	Paid/Claim	Paid-PUPM	% Paid
OLANZAPINE	\$15,194,037	50,747	48,779	\$299.41	\$311.49	6%
RISPERIDONE PRODUCTS	\$11,381,863	65,099	62,519	\$174.84	\$182.06	4%
QUETIAPINE	\$10,108,526	54,590	52,277	\$185.17	\$193.37	4%
LANSOPRAZOLE	\$10,106,144	77,664	76,772	\$130.13	\$131.64	4%
DIVALPROEX	\$6,052,487	56,243	55,062	\$107.61	\$109.92	2%
GABAPENTIN	\$5,596,527	46,536	45,237	\$120.26	\$123.72	2%
SERTRALINE	\$5,279,009	65,539	64,913	\$80.55	\$81.32	2%
ARIPIRAZOLE	\$5,062,040	16,697	16,241	\$303.17	\$311.68	2%
PANTOPRAZOLE	\$4,618,323	46,490	45,762	\$99.34	\$100.92	2%
FENTANYL PRODUCTS	\$4,036,385	16,537	13,242	\$244.08	\$304.81	2%

Based upon therapeutic class, the Top Ten Drugs by Amount Paid are comprised of four Antipsychotics, two Antiulcers, two Anticonvulsants, one Analgesic and one Antidepressant.

Clinical Assessment

In addition to the Fiscal Analysis on pharmacy expenditures, a Clinical Analysis was performed to identify potential opportunities for clinical improvement. The analysis was performed by utilizing both submitted pharmacy and medical claims data. The integration of this data allows for a more complete assessment, as the patient's ICD-9 and CPT codes are considered along with the pharmacy claims when identifying potential opportunities for improvement, thus decreasing the potential for "false positives".

Results of the Clinical Analysis identified the following potential opportunities for improvement:

- 20,145 instances were flagged for an Increased Risk of an Adverse Drug Event. Some of the issues relating to this indicator include lack of coordination of care for patients and polypharmacy.
- 16,165 instances were flagged for Medication Compliance.
- 10,513 instances were flagged for potential Drug to Drug Interactions.
- The remaining opportunities identified included:
 - Duration (6,167 instances)
 - Dosage (1,356 instances)
 - Over Utilization (1,849 instances)
 - Duplicate Therapy (3,916 instances)
 - Geriatric-Related Drug Issues, (6,676 instances)
 - Pregnancy Related Issues and (19 instances)
 - Pediatric Related Issues. (45 instances)

Kansas DUR Committee Members:

R. Kevin Bryant, M.D., C.M.D.
 Michael J. Burke, M.D., Ph.D.
 Dennis Grauer, Ph.D.
 Linda Kroeger, ARNP
 John C. Lowdermilk, R.Ph.
 Barry Sarvis, R.Ph.
 Brenda Schewe, M.D.
 Roger D. Unruh, D.O.
 Kevin Waite, PharmD

The Kansas Medicaid Preferred Drug List (PDL)

Kansas Medical Assistance Program began implementation of a preferred drug list in December 2002. The preferred drug list was developed with the assistance of an independent clinical advisory committee of practicing physicians and pharmacists. This committee reviews clinical evidence and determines if drugs within specific therapeutic classes are equivalent in terms of safety, efficacy and clinical outcomes. The Kansas Medical Assistance Program has joined with several other states to participate in the Drug Effectiveness Review Project through the Center for Evidence Based Policy. This project allows our PDL Advisory Committee to have access to the best evidence-based, clinical information on the relative effectiveness of drugs within drug classes. Making PDL decisions based upon solid clinical data provides all beneficiaries with the best value and the highest quality of care.

The current PDL includes twenty-one classes of drugs*:

ACE Inhibitors	Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)
Angiotensin Receptor Blockers (ARBs)	Triptans
Beta-Blockers	Serotonin 5-HT3 Antagonist Antiemetics
Calcium Channel Blockers, Dihydropyridines	Beta-Blockers
Calcium Channel Blockers, Nondihydropyridines	Meglitinides
H2 Antagonists	Biguanides
Proton Pump Inhibitors	Alpha-Glucosidase Inhibitors
HMG CoA Reductase Inhibitors ("Statins")	Thiazolidinediones ("Glitazones")
Non-Sedating Antihistamines	Insulins (Delivery Systems)
Intranasal Corticosteroids	Muscle Relaxants

* Drug classes will generally be reviewed on a yearly basis.

Additional information and a complete listing of all drugs on the PDL may be found at:

<http://www.srskansas.org/hcp/medicalpolicy/pharmacy/>

Kansas Medicaid Preferred Drug List Committee Members:

Michael Burke, M.D., Ph.D.
 Kristen Fink, PharmD
 Robert Haneke, PharmD
 Glenn Harte, PharmD
 Vernon Mills, M.D.
 Kenneth Mishler, PharmD
 Brenda Schewe, M.D.
 Donna Sweet, M.D.
 Dennis Tietze, M.D.

To assist **Physicians** with questions pertaining to the Five Brand limit, and other Medicaid service questions, physicians may contact Kansas Medical Assistance Customer Service. Support is available from 7:30AM to 5:30PM, Monday - Friday, by calling **1-800-933-6593**.

To assist **Pharmacists** with questions pertaining to the Five Brand limit, and other pharmacy service questions, pharmacists may contact the Kansas Medical Assistance Program Help Desk. Support is available from 7AM to 7PM, seven days a week, by calling **1-866-405-5200**.

To obtain **Prior Authorization** for drugs, call **1-800-285-4978**

We welcome the opportunity to discuss with you any comments or concerns you may have about this Newsletter. Please call ACS-Heritage at 1-800-745-1946 with any questions or concerns.